

SALWAN PUBLIC SCHOOL AFTERNOON

RAJENDRA NAGAR, NEW DELHI-110060

Phone no.: 011-49254520

E-mail: spsafternoon@salwanschools.com

| APPLICATION FORM FOR THE NON-TEACHING STAFF | |
|--|--------------------------|
| S.No | Paste a Passport size |
| Application For the Post of | Photograph |
| Note: • Attested copies of certificates/degrees/testimonials and a passport should be attached with the application. Originals must be produced a selected. | |
| Except, where otherwise indicated, applicants who are called for interv come at their own expense. | iew, should be ready to |
| Applicants are advised to send their applications through their present of note that the school does not acknowledge receipt of application forms. | |
| Age Limit: 26 years (relaxable in case of ST/SC/OBC as per rules) | |
| 1. Name (in capital letters) | |
| 2. Father's/Spouse's Name & Occupation | |
| 3. Date of BirthAgeYears | |
| 4. Nationality5. Married/Unmarried | |
| 6. Address for communication | |
| Tel. No. : Res. :Off. :Mobile : | |
| E-mail ID : | |
| 7. Children : Male Age | |
| FemaleAge | |
| 8. Whether SC/ST/OBC(If yes, kindly of | enclose the certificate) |
| 9. Present Post, if any, with date of appointment (state whether permaner | |
| or temporary) | |
| 10. Present Pay Scale : Basic Pay : | |
| Grade Pay : | |
| | |
| D.A. : | |
| D.A. :H.R.A. : | |
| | |

| 11. Academ | ic Qualification | s (Starting | from class) | (onwards) | • 2 | |
|---|----------------------------|-------------|-----------------|-----------|--------------------------|----------|
| Examination | Name of the Institution | Board | Division with % | | Medium of Instruction | |
| Class X | | 210, | | | 180 | V |
| Total Control of the | | | | | | |

| Examination | Institution | Board | with % | Passing | Instruction | |
|------------------------|-------------|-------------|--------|---------|-------------|--|
| Class X | | | | | | 1 |
| Class XII | | 400 114 114 | | | | nomen a value de |
| Graduation () | | | The A | w i | | |
| Post Graduation () | - 4 | | | | | |

Professional & Technical Qualifications:

| Course | Year | Division/ Grade | Name of the Institution/Organization | Duration | Contents of the Course |
|--------|------|--------------------|---|---|---------------------------|
| | | | | | |
| | | | | - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 | |
| , ite- | | | | | |

13. Work Experience:

| Designation | Job Profile | Period | | Reason for | |
|-------------|-------------|-------------------------|------------|--------------|--|
| | | From | To | Leaving | |
| | , , | io est | | | |
| | | | . 2 | | |
| 2 2 | 19 | | | - | |
| | | | 182 182 | 11 m 1 m 1 m | |
| | Designation | Designation Job Profile | | | |

| 14. | Total Working Experience (in years) | | | art ja |
|-----|---|---|--------------|---------------|
| 15. | Salary Expected | | | 1 1 1 1 1 |
| 16. | Names, addresses & Phone Nos. of two references 1 | | | |
| | 2 | - | | |
| 17. | The exact period after which you can join, if selected | *************************************** | ± | |
| 18. | Whether suffering from any medical ailment | | | (Yes/No) |
| 20. | | | | 1,00/.10/ |
| 19. | Why do you think you are a suitable candidate for the pos | | r? Kindly ex | |
| | | st applied fo | | plain in your |
| 19. | Why do you think you are a suitable candidate for the pos | st applied fo | | plain in your |

DECLARATION

I declare that all the statements given by me in this application form and the testimonials submitted herewith, are true and correct.

| Signature of Applicant | |
|------------------------|----|
| | 3 |
| Date | 10 |